

**Special Volunteer and  
Guest Researcher Assignment**  
Use prescribed by NIH Manual 2300 308-3  
and 2300-320-5

<input type="checkbox"/>	NEW	<input type="checkbox"/>	RENEWAL
<input type="checkbox"/>	SPECIAL VOLUNTEER (Provide services to NIH)		
<input type="checkbox"/>	GUEST RESEARCHER (Use NIH facilities for own research purposes)		
<input checked="" type="checkbox"/>	OTHER (i.e., Courtesy Contract or Professional Service Contract)		

**Section I - Request for Special Volunteer/Guest Researcher Approval**

1. NAME OF SPECIAL VOLUNTEER OR GUEST RESEARCHER ( <i>Last, first, and middle initial</i> )	2. DATE OF ASSIGNMENT	
	From	To
3. ADDRESS	4. CITIZENSHIP	
	5. DATE OF BIRTH	
6. EDUCATION	7. PRESENT EMPLOYER OR INSTITUTION	
FAX # (this is critical for short turnaround):	8. PRESENT POSITION TITLE	
E-mail address, if known:	9. HEALTH INSURANCE COVERAGE (See Instructions on reverse)	
CAN # for charging express mail, is applicable:		
Phone number(s):		
*10. SOURCE OF SALARY OR STIPEND	*11. AMOUNT OF SALARY OR STIPEND	
*12. OUTSIDE SPONSOR (Name, organization and address) Per diem and travel expenses being paid with Professional Service Contract (copy attached)		

13. BRIEF DESCRIPTION OF THE WORK TO BE PERFORMED AND THE SPACE TO BE OCCUPIED  
(Any patient contact requires prior approval of the NIH Medical Board.)

**FOGARTY:**

- 1) PLEASE FAX LETTER SO THAT A B1 VISA MAY BE OBTAINED OR INDIVIDUAL MAY ENTER IN WB STATUS.
- 2) For title and date of lecture (or other purpose) see attached copy of approved Professional Service Contract.

14. NAME AND ORGANIZATION OF SUPERVISOR (for Special Volunteer) OR NIH HOST (for Guest Researcher)	15. PHONE NO.
16. APPROVAL SIGNATURE (For Special Volunteer - ICD official delegated approval authority for Special Volunteers) (For Guest Researcher - ICD Scientific Director) (For Professional Service Contract - Lab/Branch/Section Chief)	17. COMMON ACCT #:
	18. DATE

**Section II - Arrival Information**

1. LABORATORY OR PROGRAM LOCATION (Building and room)	2. PHONE NO.
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3. LOCAL ADDRESS	4. LOCAL PHONE NO.
	5. ASSIGNMENT NOT TO EXCEED (date)
	N/A

### Privacy Act Statement

Pursuant to the Privacy Act of 1974, NIH provides the following explanation. The information requested on this form is collected under authority of:

- + 42 U.S.C. 282(b)(10) and 42 U.S.C. 284(b)(1)(K). These sections permit the NIH to accept voluntary services in support of a wide variety of NIH activities.
- + 42 U.S.C. 241(a)(2) as implemented by Section 9.4., Title 45 of the Code of Federal Regulations. This section permits the NIH to make research and study facilities available to the scientific community, especially qualified academic scientists and engineers.

Neither these statutes nor implementing regulations require or authorize NIH to impose penalties for failing to respond. Accordingly, your providing the requested information is voluntary.

The effect of refusing to provide the information requested on this form will be a decision not to accept the services

you may offer as a volunteer, or to deny you the use of NIH research and/or study facilities. The purpose of the information requested is to determine whether you meet the criteria to provide volunteer services to NIH or to use NIH facilities.

Routine Uses: Information furnished may routinely be disclosed to:

- + institutions providing financial support;
- + U.S. Office of Personnel Management for program evaluation purposes;
- + the U.S. State Department for matters regarding foreign visitors;
- + the General Accounting Office for fund disbursement determinations;
- + the Department of Justice in the event of litigation;
- + a congressional office responding to an inquiry from the person to whom the record pertains;
- + Federal agencies that are considering you for employment and need to verify your status while at NIH.

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### Form NIH 590 Instructions

#### Section I:

Request for Special Volunteer/Guest Researcher Approval (to be initiated by the NIH Supervisor Host and approved before the Special Volunteer or Guest Researcher's arrival).

1. Self-explanatory.
2. List anticipated starting and ending dates of assignment.
3. List home address, not the temporary, local one.
4. If not a U.S. citizen, list citizenship, country of permanent residence, and visa status, if applicable (include type and expiration date).
5. Self-explanatory.
6. List degrees, institutions, and dates.
- 7-8. List current position title or status (e.g., "student") and organization or institution.
9. List health insurance coverage only if not a U.S. citizen or if required by NIH Manual 23-00-320-2.
- 10-11. List the organization paying the Guest Researcher's salary or stipend during the NIH stay. If self-supporting, so state and list funds available for the

period of the NIH stay. If not a U.S. citizen, proof of funding must be provided. (Complete for Special Volunteer if applicable.)

12. List outside sponsor. If self-sponsored, so state.
13. Describe the services to be provided by the Special Volunteer or the Guest Researcher's project, and the space he/she will occupy.
14. List NIH Supervisor or Host by name and organization.
15. List phone number of NIH Supervisor or Host.
- 16-17. Self-explanatory. For Guest Researchers not in intramural research programs, the Division Director or other major organizational component head who reports directly to the ICD Director should sign Block 16.

#### Section II:

- 1-2. List the NIH address and extension on which the Special Volunteer or Guest Researcher can be contacted.
- 3-4. List the local address and phone number rather than the permanent home address listed in Block 3 above.
5. List ending date of NIH stay.